



# THE ICFAI UNIVERSITY TRIPURA

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)  
Campus address: Kamalghat (near Agartala), PIN-799210, Tel: 0381- 2865752/62 Fax: 2865-754  
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## Department of Special Education REGISTRATION FORM

Name of the Programme - \_\_\_\_\_  
\_\_\_\_\_

Date - \_\_\_\_\_ Co-ordinator Name - \_\_\_\_\_

Registration fee: \_\_\_\_\_ DD No: \_\_\_\_\_ Date: \_\_\_\_\_  
Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Note – Last date of Submission of application is 15 days before the scheduled (STTP /CRE) –

1	Name in Block Letters	
	Age	
	Sex	
	Caste	
2	Father /Husband Name	
	Permanent Address	
	Mobile no and E-Mail Address	
3	Name & Address of Organisation Employed	
	Phone no and E-Mail Address of Organisation	

4	Post in Organisation	
5	Details of Previous training Programmes attended	
6	Academic and Professional Qualification	
7	RCI Registration No	
8	Accommodation Required  Date	Yes / No  _____ to _____

**Note - Registration Fees:** Local Rs.500/- *Only* and Non –local Rs.1000/- *Only* (Including Lodging charges) Fee may be paid through DD/Cheque in favour of “**The ICFAI University**” payable at Tripura , Bank Name- SBI **Acct.No-10320312014** ,Branch –TLA House ,IFSC code-SBIN0005559 - OR may be submitted in cash on the spot.

Date :

Signature of Applicant

**Certificate**

This is to certify that Ms/Mrs/Mr. \_\_\_\_\_ is working as \_\_\_\_\_ from \_\_\_\_\_ and is being sponsored for the training programme on \_\_\_\_\_ at ICFAI Tripura from \_\_\_\_\_ to \_\_\_\_\_.

Place :

Date :

Signature of Head of Institute  
with Seal